

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

33491

1. PLACE OF DEATH

County Jefferson
Township Rock
City St. Louis (No. 121)

Registration District No. 423
Primary Registration District No. 5578

File No. 33491
Registered No. 33491
St. St. Louis Ward 121

2. FULL NAME

(a) Residence, No. 121 St. St. Louis Ward 121
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Haag

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/27/1860

7. AGE YEARS 73 MONTHS 9 DAYS 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

13. NAME Andrew Haag

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

15. MAIDEN NAME Marie Ochs

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Helen Haag (ADDRESS) St. Louis

18. BURIAL, CREMATION, OR REMOVAL St. Paul Cemetery PLACE St. Paul Cemetery DATE 10/30 1933

19. UNDERTAKER St. Louis (ADDRESS) St. Louis

20. FILED 10/27 1933 H. M. Old Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 126 1933

22. I HEREBY CERTIFY, That I attended deceased from July 7 1933 to Oct 26 1933
last saw him alive on Oct 25 1933. Death is said to have occurred on the date stated above, at 500 p.m.
The principal cause of death and related causes of importance were as follows:

Arterio-Sclerosis Date of onset 24th
477
162
Other contributory causes of importance: Ag.

Name of operation no Date of no
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) H. M. Dalton, M. D.
(Address) St. Louis

